

DOCUMENT RESUME

ED 275 459

PS 016 181

AUTHOR Dragonas, Thalia G.
TITLE Greek Women's Attitudes to Pregnancy, Labour and Infant: Their Significance for Intervention.
PUB DATE Aug 86
NOTE 19p.; Paper presented at the Meeting of the World Congress on Infant Psychiatry and Allied Disciplines (3rd, Stockholm, Sweden, August 3-7, 1986).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Cultural Influences; *Emotional Experience; Foreign Countries; *Individual Needs; *Mothers; *Neonates; *Parent Attitudes; *Pregnancy; Psychological Needs; Questionnaires; Traditionalism
IDENTIFIERS Greece; Knowledge

ABSTRACT

To aid in focusing preventive interventions at needs perceived by clients, this study investigates Greek women's needs, attitudes, and experiences during the months immediately before and after childbirth. Participants were 156 women attending the out-patient clinic of the Alexandra Maternity University Hospital who completed pre- and postnatal questionnaires consisting of 52 and 60 statements, respectively. Questionnaires evaluated women's knowledge; needs; attitudes toward and experiences of pregnancy, labor, and delivery; relationship with their infant child; and their use of mass media. In addition to personal, social, and demographic characteristics, women's traditional roles and the social support available to them were assessed. This paper reports findings concerning women's needs, experiences of and attitudes toward pregnancy, labor, delivery, and the newborn. Findings indicate that, in the prenatal period, women's main concerns center on relating to the physician, services provided, emotional support, female identity, and breastfeeding. In the postnatal period women's main concerns involved anxiety and fear, mother-infant interaction, feelings and relationships, need for guidance and cooperation with the physicians and the midwife, and the new mother's vulnerability. Findings are discussed in terms of past and present Greek culture. A reference list and 10 data tables are appended. (RH)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED275459

PS 016181

X This document has been reproduced as
received from the person or organization
originating it.

☐ Minor changes have been made to improve
reproduction quality.

• Points of view or opinions stated in this docu-
ment do not necessarily represent official
OERI position or policy.

FOUNDATION FOR RESEARCH IN CHILDHOOD

Greek Women's Attitudes to Pregnancy, Labour and
Infant: Their Significance for Intervention

by

Thalia G. Dragonas

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Thalia
Dragonas

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

Paper to be presented at the: Third World Congress on
Infant Psychiatry and Allied Disciplines, 3-7 August 1986,
Stockholm, Sweden

Different perceptions and attitudes on the part of the mother underlie variations in her response to child-bearing and child-rearing. Maternal attitudes are a product of a dynamic, interactional process whereby the infant's disposition and behaviour as well as societal and cultural assumptions, provoke reactions on the part of the mother and vice versa.

Pregnancy, labour and care of the newborn have changed drastically in response to more general social changes. Whereas they used to be social and cooperative tasks par excellence, they are now performed mainly by the mother in a rather isolated framework. Hence there is an increasing interest in the relevance of psychosocial factors to perinatal outcomes.

Perhaps the only sound motivating principle in designing any type of intervention on the level of primary health care is to help people do what they need and not what we think they should need. Only if we let them define their own needs can we then determine points of intervention. Thus, the key to successful primary prevention is more and better evaluation. The present study has attempted an understanding of Greek women's needs, attitudes and experiences during the months immediately prior and subsequent to the birth of the infant - a critical period in the development of mother-child interaction.

METHOD

This study is divided into two time intervals: the time of pregnancy and labour and the time after birth. This is done because of technical constraints and not out of the belief that these stages can be considered as separate entities.

Sample

The sample consists of 156 women all of which were "normal" obstetrical and social cases, attending the out-patient clinic of the Alexandra Maternity University Hospital. 62.8% of these women were expecting their first child and 37.2% their second. Their mean age was 23.6 years, with a minimum of 16 and a maximum of 39 years.

Questionnaire Development and Procedure

The questionnaire^{was} developed through two open interviews with a sample of 30 women with characteristics similar to those of the final sample. These exploratory interviews were conducted at the women's homes sometime during the last three months of pregnancy and the fourth week after delivery. The interviews were geared towards discussing themes in depth and obtaining richness of detail.

The resulting information was used to construct a pre- and a postnatal questionnaire consisting of several parts evaluating women's knowledge, their needs, their attitudes towards and experiences of pregnancy, labour and delivery, their relationship with the infant and their use of mass-mediae.

This paper refers only to women's experiences of, needs, and attitudes towards pregnancy, labour, delivery and the newborn. The pre- and postnatal questionnaires consisted of 52 and 60 statements respectively. Women's responses were measured on a five-point Likert scale ranging from "strongly agree" to "strongly disagree".

Along with women's personal, social and demographic characteristics, their traditionality and the social support received, were also assessed. Repeated research findings in Greece, have shown that the rapid move from a traditional to a complex, modern, industrialized society has profoundly affected values and attitudes and has altered family roles and family structure (Vassiliou & Vassiliou, 1982; Doumanis, 1983; Dragonas, 1983; Katakis 1984).

The prenatal interview was conducted at the Maternity Hospital during women's routine visits, while the postnatal interview was conducted at the women's homes.

RESULTS

Women's responses were factor analysed with principle axes factor analysis with multiple R^2 as communalities. Both orthogonal and oblique rotations were tried providing very similar results. The orthogonal varimax rotation was adopted. The separate analyses of the prenatal and postnatal items each yielded five significant factors. The analyses explained 87.7%

and 88.9% of the total variance respectively.

Multiple regression analyses were used for determining the relative effect of women's age, parity, socio-economic status, social support, traditionality of values, urbanicity, frequency of contact with kin and size of family of origin, on each factor score. For the perinatal analysis women's own assessment of labour difficulty, the obstetrician's assessment, the infant's weight and general health condition were considered.*

The Prenatal Period

The first two factors refer to Relating to the Physician and to the Services Provided. The main themes that concern pregnant women

Insert Table 1 and Table 2 about here

are that physicians do not talk or spend enough time with them. Physicians seem too busy and hasty. Furthermore, they believe that doctors should inform them on what to do and what to avoid during pregnancy. They are not sure whether this need of theirs is being fulfilled. Another salient dimension of their communication with doctors is the extent to which they are being prepared for breast-feeding. Women feel that physicians do not discuss this issue with them.

The second factor is closely related to the first. Women find the change of physicians very distressing. They talk about their need to form an ongoing, stable relationship with them. They also stress how important it would be to have the same physician present at delivery. The fact that doctors are scientifically adequate is very important but it does not repudiate the need for a secure relationship. The obstetrician is not the only person perceived responsible for prenatal care. The woman who visits the clinic comes into contact with the administrative personnel, the nursing staff and the midwife. She believes that they are all very important to her and especially the midwife.

In the third factor women's need for Emotional Support is stressed. Pregnant women claim that what really helps them is

Insert Table 3 about here

* The prediction of women's needs and attitudes in the perinatal period comprise a separate, relevant topic. For reasons of space, however, this subject is not taken up here. Interested readers can refer to Diervnisi tis Anangis yia Ayoyi Hygias tis Hellinidas stin Periyenitiki Periodo. (The Exploration of Need for Health Education of Greek Women During the Perinatal Period), by Th. Dragonas, in press.

trust in the doctor. They feel that their husband contributes in his own way to the problems they face during pregnancy. His actual practical help is very much appreciated. They claim they need him more than anyone else. "Pregnancy is a time one needs love and support" they say. In this same spirit of emotional needs, women mention the importance of breast-feeding for the bond created between mother and infant.

The fourth factor raises issues that bear on pregnant women's Female Identity. They do not seem certain whether their

Insert Table 4 about here

partner can understand the condition they are in. Women are primarily concerned with their financial situation which they believe is necessary for their feeling safe. They claim that there are times during pregnancy they feel pressured and deprived. Women do not identify pregnancy with motherhood. They are not sure whether going on with smoking is a sufficient reason to stop them from breast-feeding.

The last factor of the pre-natal analysis focuses on Breast-Feeding. Is formula as good as natural breast milk for the baby? Is spoiling one's breasts a sufficient reason for refraining

Insert Table 5 about here

from breast-feeding? Women are posing these questions to themselves. They do not discuss breast-feeding with the physician. They wonder whether the most suitable person to talk about infant care with, is other women who already have children. They firmly believe that the emotional state they are in affects the fetus.

The Postnatal Period

The postnatal interview evolved around the two central experiences of labour and the time after birth when mother and baby discover each other.

The first factor extracted projects the Anxiety and Fear women felt when they faced labour as well as the stress they undergo when they have to calm down the baby. When arriving

Insert Table 6 about here

at the hospital to give birth women felt lost and afraid. Their feelings in the delivery room were similar. In order to moderate their fear they wish they could be accompanied to the hospital by as many relatives and friends as possible. Still they claim that nothing can really alleviate the pain since there can be no birth without pain. Women feel upset, alarmed, even desperate when their baby is crying and looks restless. They do not know how to handle it. They express doubt whether picking the baby up is the best way to quiet it.

The second factor covers Mother-Infant Interaction. New mothers believe that what the baby needs in the beginning is to be regularly fed, to be clean and to get enough sleep. When

Insert Table 2 about here

it is agitated the best way to calm it down is to change it and feed it. Mothers maintain that it is better to adopt a demand feeding strategy. They seem to believe that just as important as the actual care, is the human warmth and the relationship they start building with their child. In order, however, to stand up to their complex role they want to receive support and assistance.

In the third factor women turn to the sources they seek support from. They talk about their Feelings and Relationships. New mothers believe that after their baby's birth, they feel closer to the child's father while they tend to disagree

Insert Table 8 about here

that their marital life goes through a crisis.

They similarly disagree that they would draw support from their mother if she was present during labour. They maintain that the moment they saw their baby being born they felt exhilarated. Such was their elation that they are asking themselves whether love for the baby is instantaneous or builds up progressively. The first days after labour they felt moody and still feel very tired and weak.

The fourth factor refers to women's Need for Guidance and

Cooperation with the Physicians and the Midwife. Women think that the only thing that can help pain during labour is keeping

Insert Table 9 about here

calm and cooperating with the physician. They doubt the extent to which doctor and health personnel prepare them for breast - feeding. They doubt that the health personnel would encourage them to continue breast-feeding when the first difficulties with it appear. Complaints are also expressed in regard to the paediatrician whom they think takes too long to visit them and thus keeps them anxious.

The last factor deals with the New Mother's Vulnerability. Not giving birth at the date designated by the physician creates anxiety and insecurity for women. They report that the support offered by the midwife was very important. Many, though, wish their husband was present to encourage them. They believe that 24 hours is too long a wait before the infant is brought

Insert Table 10 about here

to them and thus feel worried. When, however they are reassured that all is going well, they would rather have the baby remain in the nursery. They claim that they would thus regain their strength and prepare themselves for the first difficult days at home. Women finally believe that other women's presence in the ward offered them warmth, support and company.

DISCUSSION

As evidenced from the detailed description of the factor structure certain central themes emerge in both pre-and postnatal interviews, colouring women's needs and attitudes.

One very important such theme was women's concern with the system of care. The degree of satisfaction with perinatal services and with health care staff, is a subject which has lately stimulated several European research endeavours. The needs, expectations and demands voiced by the women of this study are similar to the ones expressed by women in non-greek contexts (e.g. Graham & McKee, 1979; Oakley, 1979; 1980; Macintyre, 1981; Garcia, 1982).

Women tell us they need more personal care, that is, more time on the part of the medical and nursing personnel; genuine interest, encouragement and support from them; the development of an inter-relationship characterized by stability, consistency and respect; continuity of care; and finally more information about their pregnancy and their health condition. Furthermore, women claim that there is a definite lack of preparation, encouragement and assistance in respect to breast-feeding. Similar evidence documenting this surprising attitude has been reported in the past whereby the physician was described as having, if not an entirely negative, clearly an indifferent attitude, and the nursing personnel as contributing as little as possible to the promotion of breast-feeding (Karangeli et al., 1979).

Pregnancy and delivery is a women's affair. The strange thing, at least in Greece, is that pregnancy and delivery are handled, in their widest majority, by men. Women in this study stress that their contact with the midwife is very important to them. They see in her their traditional need for contact with other women. Women used to find in their inter-relationships the intimacy and emotional intensity lacking in their interaction with men. Actually the midwife has always been the emotional and practical ally of women, during pregnancy and delivery. Today women are called upon to relate to the man/physician. First of all they have to place their trust in him. How well though, are women prepared for such kinds of interaction? In Greece the woman's world has traditionally been separate from that of man's. Research findings have shown how skilfully women managed to maintain distance from men, always finding indirect ways to minimize conflict as well as contact. In testing the perception of social behaviours, Triandis et al (1968) have described the role perception of Greek women towards men as being one of showing "ingratiation with contempt". Women in this study seek communication with the physician. Their attitude reveals their need for a contract-- reminding us of the psychotherapeutic contract-- whereby it would be clear what they should expect and what is asked of them. This contract though, requires greater differentiation on the part of both women and physicians. The woman must learn to be aware of feeling states, throughout the whole range of their

intensity; she must learn to specify and evaluate alternative courses of actions on the basis of her personal values, priorities and needs. The physician on his part, in order to help effectively, must learn to perceive reality from as many aspects as possible and operate with increased sensitivity and flexibility. Finally, they both need to capitalize on the feedback they provide each other.

Similar desires for relating as equal partners are being projected when women express their need for emotional support. Today Greek women ask for their husband's help stating that they need him more than anyone else. In the traditional environment women relied on their ingroup for support, sustenance and reassurance. Their being an individual did not conflict with being a group member since requirements were the same. From the moment, however, that the ingroup has withered away as the locus of support, women must necessarily seek different routes to cover their needs. Women — as well as every single individual — will receive the emotional support they need only by forming human relationships which promote autonomy and interdependence at the same time.

Another important concern emerging from women's responses taps on the issue of their female identity. Researchers dealing with pregnancy and motherhood often warn us that western women exist in a social world of conflicting demands and responsibilities. The most important contradiction seems to be that the roles of woman as stereotyped in our culture, and that of mother as it is biologically determined, are antagonistic. Pregnancy brings with it constraints and deprivations women find difficult to take. They are asking themselves whether they should indulge in personal pleasures or not. In order to ostracize their confusion, women claim that they foremostly need financial comfort to feel secure.

A salient theme recurring in women's responses is the fear and anxiety they experienced during labour and delivery, as well as the anxiety and uncertainty they feel when they have to calm down a crying baby. Might these fears stem from the apprehension women feel in front of a new, unknown situation? Is it fear of failure, or fear for the limitations people have

infront of pain, fatigue, lack of endurance? Is it fear for the separation from a human being women have learned to live with so closely, for nine months? Is it guilt for the impulses, the desires or the feelings "one should not have"? As far as anticipation of childbirth is concerned Macintyre (1981) reports that women's feelings were, almost without exception, fairly negative. Fears of known and unknown aspects of childbirth were expressed either openly or covertly. In regard to the anxiety manifested in the mother-baby relationship, Graham and McKee (1979) drew attention to mother's feelings of acute responsibility to do something and uncertainty about what to do and how. Feelings of anger surfaced when mothers had to cope with baby's persistent crying and their own chronic fatigue and vulnerability.

Mothers in the present study wonder whether they should pick up the crying and fussing baby. Crying creates in mothers feelings of guilt and inadequacy; they believe they cannot properly cope with their maternal role. Today's mothers have few chances to confirm they are "good" mothers. Furthermore, they are exposed to so much contradictory information which follows rising and declining fads and fashions. Most socializing agents instead of promoting information processing and decision making by the parents "prescribe proper behaviours" following intuitively the old traditional patterns of parenting, note Vassiliou and Vassiliou (1982). No one seems to tell parents that every action of theirs only becomes meaningful if seen embodied holistically in the context of their behaviour and that of their child.

Still, mothers in this study seem to realize that the relationship they develop with their infant is a two-way interaction, whereby they act as a supporting secure base. They believe that their infants should experience continuity in the care they receive, in the way they are fed and changed.

Mothers have often mentioned how tired and vulnerable they felt after labour. Waiting 24 hours to have the baby brought to them, provokes intense anxiety. Waiting to see the paediatrician is just as straining. However, women said they would rather have the baby stay in the nursery. At the same time

we know that changes in maternal-infant care during the postpartum period --immediate contact with the newborn, rooming-in, shorter hospital stay-- are largely due to public demand (Osofsky & Connors, 1979). How does then one explain Greek women's attitude?

To answer this question it would be necessary to identify the conditions which gave rise to specific practices, what needs they were originally designed to meet, the extent to which these needs still exist and finally how changes in needs are being met today. In our modern, technological world we disrupted the natural rhythm of birthing and interfered with the socialization process. One day we realized that our interventions could be harmful instead of helpful. It was then that we re-invented the importance of long-forgotten practices, such as, for example, the process of bonding. One wonders, however, to what extent we have managed to successfully combine past and present ideology with old and new methods, securing the growth of both mother and infant. Thus, while once mother had the newborn tucked next to her and achieved a harmonious co-existence, today, through a process of pregnancy and labour-- as we know it-- mother simply cannot take it. The question thus is not how we turn to isolated practices of the past which were functional in that time and place, but how through a series of deconstructing and restructuring, we reform our mode of relating and regain confidence in the living process.

Author's Identification Notes

Thalia G.Dragonas, Ph.D. in Social Psychology, is currently teaching at the University of Ioannina and is a research affiliate at the Foundation for Research in Childhood.

REFERENCES

- Doumanis, M. (1983) Mothering in Greece: from Collectivism to Individualism. London: Academic Press.
- Dragonas, Th. (1983) The self-concept of preadolescents in the Hellenic context. Unpublished doctoral dissertation, the University of Aston in Birmingham.
- Garcia, J. (1982) Women's views of antenatal care. In Enkin, M. and Chalmers, I. (Eds.). Effectiveness and Satisfaction in Antenatal Care. London: William Heinemann Medical Books.
- Graham, H. and McKee, L. (1979) The first months of motherhood (7 volumes). Unpublished report on a British Health Education Council project. University of York.
- Karangelis, A., Georgacopoulos, P., Donta-Vlahou, K., Trihopoulos, D. and Tsitsika, E. (1979) Mitrikos thilasmos: Eiptosis sti mitera ke sto paedi (Breast-feeding: Repercussions for mother and child). Iatriki, 36, 312-329
- Katakis, Ch. (1984) I Tris Taftotites tis Hellinikis Ikoyenias (The Three Identities of the Greek Family). Athens: Kedros
- Mcintyre, S. (1981) Expectations and Experiences of First Pregnancy. University of Aberdeen: Occasional Paper, 5.
- Oakley, A. (1979) Becoming a Mother. Oxford: Martin Robertson.
- Oakley, A. (1980) Women Confined. Oxford: Martin Robertson.
- Osofsky, J. and Connors, K. (1979) Mother-infant interaction: An integrative view of a complex system. In Osofsky, J. (Ed) Handbook of Infant Development. New York: Wiley-Interscience.
- Triandis, H., Vassiliou, V. and Nassiakou M. (1968) Three cross-cultural studies of subjective culture. Journal of Personality and Social Psychology, 8, 4 : 21-42
- Vassiliou, G. and Vassiliou, V. (1982) Promoting pschosocial functioning and preventing malfunctioning. Pediatrician 11, 1-2: 90-98.

Table 1
Factor 1a: Relating to the Physician

Items	Factor loadings	Means
Physicians do not talk to women enough; do not spend with them sufficient time	.84	2.8
Physicians are too busy to answer questions	.75	2.8
Physicians do not provide enough information on what women should do and what to avoid	.52	3.3
Physicians do not discuss at all breast-feeding	.36	2.5
Pct.Va.:35.7%		
Eigenvalue:9.257		

Table 2
Factor 2a: Services Provided

Items	Factor loadings	Means
Change of physicians is very upsetting because you cannot form a stable relationship with him	.83	2.2
Need for the same physician at delivery as during prenatal care	.64	1.8
When woman feels secure about physician's ability does not mind change of physician	.54	4.5
Contact with other personnel and especially midwife is very important	.43	1.9
Pct.Va.:17.8%		
Eigenvalue:4.588		

Table 3
Factor 3a: Emotional Support

Items	Factor loadings	Means
Trust in the physician is what helps the woman	.59	1.5
Bonding is a good reason for breast-feeding	.50	1.6
Husband is emotionally closer to his wife	.42	1.8
Practical support from husband the most important	.41	2.9
Need for love and support	.36	1.5
More than anyone else woman needs her husband	.35	1.6

Pct.Va.:15.2%
Eigenvalue:3.948

Table 4
Factor 4a: Female Identity

Items	Factor loadings	Means
Husband stays removed from process of pregnancy	.55	3.1
Financial comfort the most important element	.50	2.6
To feel a mother one needs to hold baby first	.46	2.5
Continuing to smoke, sufficient reason for not breast-feeding	.45	3.7
Most difficult moments when one feels pressured and deprived	.36	2.7

Pct.Va.:12.4%
Eigenvalue:3.193

Table 5
Factor 5a: Breast-Feeding

Items	Factor loadings	Means
Formula has so much improved that is as good as breast milk	.63	3.2
A sufficient reason to refrain from breast-feeding is not to ruin one's breasts	.62	3.9
Mother's emotional state influences the fetus	.49	1.6
Obstetricians do not discuss breast-feeding at all with women	.36	2.5
The most suitable person to discuss baby care is other women who have children	.35	3.3

Pct.Va.:6.6%
Eigenvalue:1.717

Table 6
Factor 1b: Anxiety and Fear

Items	Factor loadings	Means
In the delivery room I felt lonely and afraid	.75	2.4
The main feeling during labour is fear and anxiety	.72	2.1
When arriving at the hospital to give birth I felt lost and afraid	.61	2.6
Nothing can help labour pains since there can be no birth without pain	.58	2.3
I often feel in despair when the baby cries and I do not know to handle it	.49	2.3
The best way to calm down the baby is to pick it up in your arms	.48	3.1
When labour starts one wants to be accompanied to the hospital by as many family members and friends as possible	.41	2.6

Pct.Va.:37.2%
Eigenvalue:9.066

Table 7
Factor 2b: Mother-Infant Interaction

Items	Factor loadings	Means
What the infant mostly needs in the beginning is to be regularly fed, cleaned and to get enough sleep	.61	1.4
The best way to calm down the baby is change it and feed it	.59	1.7
The first days in the hospital one has a great need for care, assistance and support	.58	1.6
Human warmth and the relationship I develop with my child is just as important as the practical care	.46	1.4
The baby should eat when it asks for it	.45	2.3
Pct.Va.:17.3%		
Eigenvalue:4.149		

Table 8
Factor 3b: Mother's Feelings and Relationships

Items	Factor loadings	Means
After the baby's birth I came closer to my husband	.58	2.0
After the baby's birth the relationship with my husband went through a crisis	.53	3.4
During labour the greatest encouragement would come from my mother	.53	3.3
The most important and satisfying moment of the labour process was when I saw the baby being born	.49	1.4
Love for the baby builds up gradually	.49	3.1
The first months after labour one feels tired and weak	.42	2.6
The first days after labour one feels depressed and moody	.38	2.8
Pct.Va.:13.3%		
Eigenvalue:3.324		

Table 9

Factor 4 b: Need for Guidance and Cooperation with the Physician and the Midwife

Items	Factor loadings	Means
The nursing staff and physician did not guide me in respect to breast-feeding	.84	3.0
Upon the first difficulty with breast-feeding the nursing staff dissuades women from persisting	.71	3.1
Keeping calm and cooperation with the physician is the only thing than can help labour pains	.51	1.6
The paediatrician takes too long to visit women who until they see him feel anxious	.41	2.6

Pct.Va.:11.2%

Eigenvalue:2.192

Table 10

Factor 5b: The Vulnevable New Mother

Items	Factor loadings	Means
When one does not give birth the day designated by the physician one feels anxious and insecure	.57	1.8
24 hours is too long a wait to see the baby and creates anxiety	.45	2.4
It is better to have baby remain in the nursery so that mother can relax and prepare herself for the first difficult days at home	.39	2.3
The support offered by the midwives in the delivery room is very important	.39	1.8
The other women's presence in the ward offered me warmth, support and company	.38	2.0
I wish my husband was next to me during labour encouraging me	.37	2.6

Pct.Va.:9.9%

Eigenvalue:1.276